

End-of-life talks aid in Latino advance care planning

May 20 2016, by Heather Lindsey

Communication about end-of-life care can improve how likely Latino patients with terminal cancer are to sign a do-not-resuscitate (DNR) order, helping to close the gap with white patients, according to research by Weill Cornell Medicine scientists.

Prior studies, as well as the new paper, demonstrate Latinos are less likely than whites to sign a DNR, a form of advance-care planning that helps ensure better quality of life for patients who are dying. The study, published May 19 in *Cancer*, shows "having an end-of-life care discussion has a very large influence on the odds of Latinos signing a DNR order," said lead author Dr. Megan Johnson Shen, assistant professor of psychology in medicine and a researcher at the Center for Research on End-of-Life Care at Weill Cornell Medicine.

Notably, Latinos were about 10 times more likely to sign a DNR if they discussed end-of-life care with a [health care provider](#) than Latinos who did not. Moreover, Latinos who had this conversation were as likely as whites to complete a DNR.

White patients, however, were not as greatly influenced by these discussions. Those who had end-of-life counseling were only 1.5 times more likely to complete a DNR order than whites who did not.

Shen and her co-authors – Dr. Holly Prigerson, the Irving Sherwood Wright Professor of Geriatrics, and Dr. Paul Maciejewski, associate professor of biostatistics in radiology and in medicine, both co-directors

of the Center for Research on End-of-Life Care – are unsure why the benefit of having an end-of-life care discussion with Latino patients was greater than in whites. The investigators theorized Latino patients might be less knowledgeable about advance directives than whites, possibly due to lower levels of health literacy, language barriers or barriers in communication. Consequently, end-of-life discussions may have been especially effective in deciding to sign a DNR.

"Oncologists should be having conversations about end-of-life care with their Latino patients, considering the large impact these discussions can have on improving advance-care planning," Shen said. Additionally, physicians need to ensure that communication about end-of-life care is relevant to patients' cultural and religious beliefs, she said.

To evaluate the association between these discussions and the signing of do-not-resuscitate orders in Latino and [white](#) terminally ill patients, researchers analyzed responses to structured interview questions from 117 people with advanced cancer and a life expectancy of less than six months at Parkland Hospital, a public facility in Dallas. Of the study participants, 61 were Latino and 56 were white.

This research was part of a larger, federally funded initiative called the Coping with Cancer Study, a multicenter, prospective evaluation of the impact of psychosocial factors on [end-of-life care](#).

Shen and her colleagues hope to conduct further research to develop a better understanding of Latino [patients](#)' cultural and religious beliefs and their effects on end-of-life communication and DNR completion rates.

More information: Megan Johnson Shen et al. Impact of end-of-life discussions on the reduction of Latino/non-Latino disparities in do-not-resuscitate order completion, *Cancer* (2016). [DOI: 10.1002/cncr.29973](https://doi.org/10.1002/cncr.29973)

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